



DENTAL APPOINTMENT CHECKLIST: INITIAL CONTACT

C H E C K L I S T

Client Name: _____

Instructions: Staff to initial each area as completed. Document any comments related to the completion of each task in the space provided. Forward or file completed Checklist according to agency protocol.

- ____ 1. Have insurance, guardianship, medical/surgical/dental history information, and reason for appointment needed prior to calling the health care provider.
- ____ 2. Make call and introduce yourself, your relationship to the individual, and the type of residential placement (group home, waiver, etc).
- ____ 3. Explain the need of an appointment and describe the reason for the appointment, including if the individual is in pain or has a dental emergency.
- ____ 4. Explain special needs such as behavioral issues, anxieties, phobias, preventative prophylactic antibiotics, etc.
- ____ 5. Provide insurance information and discuss whether the practitioner accepts that insurance.
- ____ 6. Discuss special accessibility needs or other accommodations that may be necessary such as parking, use of a gurney or wheelchair, the need for limited waiting, or an early morning appointment.
- ____ 7. If necessary, request that the dental office provide a prescription for or call in to the pharmacy the appropriate prophylactic antibiotics for the individual.
- ____ 8. Inquire whether the provider is able to provide verbal and written recommendations and instructions/copy of office note at each appointment and input to the individual's team members as needed.
- ____ 9. Inquire what type of written information is to be brought to the appointment, including the need for consent for treatment.
- ____ 10. Inquire whether any necessary forms/information can be completed and sent or hand delivered, if close proximity, prior to the scheduled appointment.

